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Meeting the health care needs of transgender people within the armed forces: Putting UK military policy into practice

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Supporting transgender people in the armed forces

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Abstract

Aim: To explain how the healthcare needs of transgender personnel are met within the United Kingdom Armed Forces (UK AF).

Background: It may be that when transgender people disclose their gender preference that they are at increased risk of social exclusion. The UK AF has an inclusive organisational policy for the recruitment and management of transgender personnel.

Design: This is a position paper about how the healthcare needs of transgender military personnel are met by the UK AF.

Methods: UK AF policy was placed into context by reviewing current research, discussing medical terminology, and describing the policy. This was followed by an account of how UK AF policy is applied in practice.

Discussion: Where armed forces had an inclusive policy for the management of transgender personnel there seemed to be little cause for secrecy and zero tolerance of discrimination when compared to nations where this was not the case. Medical terminology has changed to reflect a more inclusive, less stigmatising use of language. The UK AF policy has been described as progressive and inclusive. The application of this policy in practice may be dependent upon strong leadership and training. The wider UK AF seems capable of adopting a pragmatic and flexible approach to meeting the healthcare needs of transgender personnel.

Conclusion: The UK AF value diversity within their workforce and have a progressive, inclusive policy for the recruitment and management of transgender personnel.

Relevance to Clinical Practice: When supporting a transgender military person, healthcare professionals, civilian organisations and military line managers should consider referring to UK AF policy as early as possible. Other military and uniformed services may wish to examine the UK AF exemplar in order to consider the applicability within their own organisational setting.

AIM

The aim of this position paper is to highlight the United Kingdom Armed Forces (UK AF) policy for the recruitment and management of transgender personnel as an exemplar that means that the UK AF is now well placed to meet the health care needs of transgender military personnel. In order to achieve the aim this paper shall consider current research about transgender active-duty personnel, discuss medical terminology from a mental healthcare perspective and provide a description of the UK AF policy for transgender military personnel who wish to undergo gender confirmation. Finally, the application of the UK AF policy shall be reflected upon by a military human resources manager and military mental health care professional with experience of supporting transgender personnel. The paper shall conclude by considering the application of these insights into meeting the healthcare needs of transgender military personnel by healthcare professionals.

BACKGROUND

The term transgender includes people who cross dress, people who wish to seek out gender confirmation, people who do not wish to undergo full gender confirming treatment and people who identify as non-binary transgender. Thus transgender is an umbrella term that includes transsexual people whose sense of gender identity are different from the sex to which they were born

(American Psychological Association, 2011). It may be that when transgender people disclose their gender preference that they expose themselves to an increased risk of social exclusion (Reed, Rhodes, Schofield, & Wylie, 2009). The UK AF has a policy for the recruitment and management of transsexual personnel (MOD, 2009), which is the focus of this paper. The aim of this policy is to provide guidance to service personnel and the command infrastructure in order to avoid discrimination against, or harassment of, transsexual personnel. This is important because the exclusion of transgender personnel from their military duties has previously been reported in non-UK forces. In the United States (US) specifically, this has led to people being excluded from military duty or rendered vulnerable to harassment, as they feel obligated to hide their gender identity or risk losing their jobs (Yerke & Mitchell, 2013). Thus understanding how the UK AF deliver on their commitment to include transgender personnel may both serve to help current UK policy to evolve, and also to inform the development of similar policies in other organisations.

DESIGN

This is a position paper in which the authors suggest that the UK AF policy for the recruitment and management of transgender personnel means that the UK AF is now well placed to meet the health care needs of transgender military personnel.

METHODS

The context within which serving transgender military personnel are supported by the armed forces was provided by examining current research about active-duty transgender military personnel by conducting a search of AMED, EMBASE, MEDLINE and PsycINFO databases using the search terms: transgender AND (military OR police OR fire OR army OR navy OR airforce). Studies were included if the focus was upon active duty personnel as opposed to veterans. Consideration was then given to changing medical terminology before outlining the relevant policy for the recruitment and management of transgender personnel. This was followed by a personal account of how UK AF policy is applied in practice by two of the authors, one of whom is a human resources manager and the other a military psychiatrist.

DISCUSSION

Current research about active-duty transgender military personnel

When searching for research about currently serving transgender personnel, it was noted that only two publications were identified. Both were American publications that suggested transgender personnel within the US forces were discriminated against because the organisational policy precluded them from openly serving within the forces (Dietert & Dentice, 2015; Yerke & Mitchell,

2013). This observation about discrimination against transgender personnel is supported within the wider literature where it has been identified that even when the US military changed their policy towards homosexual personnel, this did not include transgender people who may continue to be subjected to institutional discrimination by virtue of being excluded from openly serving within the forces (Kerrigan, 2012).

The first of these papers was a qualitative study about the experience of transgender personnel, where personnel from the American, Canadian and British forces participated in a 20-60 minute structured interview (Dietert & Dentice, 2015). The paper was not explicit as to how the thematic analysis was conducted and lacked reflexivity about the researcher's values and perspective upon the main issues, which means that it is difficult to be certain what influence the researcher had on the findings. While researcher subjectivity may be an inevitable and potential desirable component to qualitative research (Polit & Beck, 2012), greater insight into the research process may have helped the reader to better understand what contributed to the research findings (Lewis & Ritchie, 2003). With this limitation in mind, the study made an interesting comparison between nations, who either include or exclude transgender people in their military, about secrecy and the use of discriminatory language. More specifically, participants from nations with organisational policies that were inclusive of transgender personnel reported no requirement to be secretive and a zero tolerance to discrimination by the management infrastructure. The opposite was true for personnel from nations that excluded transgender personnel. This is a concern because harassment and discrimination at work can have negative effects on both physical and mental health (Mays & Cochran, 2001; Rospenda, Richman, & Shannon, 2008).

The second paper outlined the policy towards transgender personnel within a number of different armed forces (Yerke & Mitchell, 2013). The paper was not explicit in how the policy information was obtained or what the inclusion/exclusion criteria were, which makes it difficult to understand whether or not the list of included policies was comprehensive. The paper identified eleven nations that had legislation or policies relevant to transgender personnel within their military populations. For the most part, the message was that transgender people were treated the same as other personnel, with some nations treating this as a medical problem for which their personnel could then be offered military health care. What remains unclear is how the policies were applied in practice.

To summarise this section, a literature review identified only two published papers about active duty military personnel. The theme from these papers was that policy seemed well placed to ensure that transgender personnel were treated the same as other personnel. But that when this does not happen there may be a greater risk of discrimination and harassment. This is relevant to this position paper because we suggest that the UK AF has an inclusive policy that supports the recruitment and career potential of transgender personnel. Before going on to explain the policy in more detail and the experience of its application in practice, this paper shall consider the mental health care perspective upon medical terminology.

Mental health care perspective on medical terminology

Health care service provision within the National Health Service (NHS) is informed by a person centred, holistic approach, as is nursing care (NHS England, 2014; NMC, 2008). Within mental health care services these principles translate into recovery focused care. Recovery focused care is informed by the recovery model, which is a social movement that is having a significant impact upon how care is delivered (Warner, 2010). It can be argued that recovery is about the person's needs as a whole and their journey, as they continue to grow in a way that is consistent with their values (Perkins & Repper, 2013). This final point about living in a way that is meaningful or consistent with values of the individual is worthy of further consideration. This is because there is the potential that the language used within organisational policy may not be consistent with an individual's life journey and might otherwise be forcing them to fit in with hetero-normative or gender binary values (Das, 2012). An extreme example of this would be an armed force that made an individual live according to their birth gender, as opposed to preferred gender, or exclude them entirely based upon their confirmed gender (Yerke & Mitchell, 2013). The UK AF healthcare service is informed by strategic aim, which is to optimise the health of the individual in order to maximise the number of personnel fit for combat (MOD, 2014a). It has been suggested that the UK AF policy for supporting transgender personnel seeking gender reassignment is inclusive because it seeks to best accommodate the needs of individual, whilst enabling them to continue to serve within the forces (Yerke & Mitchell, 2013). One might argue that this is consistent with both the strategic aim of the UK AF healthcare services and a person-centred, recovery focused approach to care.

If healthcare provision is to be developed and improved, it is important to consider medical terminology and its association with the way that transgender people have been perceived and treated in the armed forces and also how terminology about transgender personnel is reflected in organisational policy. This is because changes in policies related to people who are transgender may in part be due to the way that they are viewed and ultimately categorised by the medical profession generally and specifically in psychiatry. The International Classification of Diseases 10, which is currently used in Europe, uses the umbrella term Gender Identity Disorders (GID) (WHO, 1992). However, terminology is changing with time. The International Classification of Diseases 11 (set to be published in 2018) is set to use the term 'gender incongruence' (WHO, 2015). Changes have also been evident in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Prior to the 2013 revision, the term Gender Identity Disorder (GID) was used in the DSM IV-TR (APA, 2000). The current version (DSM 5) uses the term 'Gender dysphoria'. The reasoning behind this change of language is that 'Gender Incongruence' highlights that there is a discrepancy between, on the one hand, what identity someone experiences and/or expresses and, on the other hand, how they are expected to live based on their assigned gender (Meyer-Bahlburg, 2010; Winters, 2005). Both classification systems are moving away from a psychopathology model to a recognition that it is a disorder, not illness, which is amenable to treatment. In line with this the Ministry of Defence (MOD, 2009) asserts that: 'Transgender applicants with no history of mental illness or deliberate self-harm should be passed fit' and 'should not automatically be referred to the Service Psychiatrist'. There is a growing belief that a significant factor in the mental health problems of transgender people

experience are due to them suffering prejudice, stigmatisation, and social isolation (Tompkins, Shields, Hillman, & White). If this is the case, then policies aimed at tackling these injustices, using appropriate terminology, may contribute to improved mental health for transgender people.

United Kingdom Armed Forces (UK AF) and Transgender Personnel

There is now a considerable body of legislation that helps to inform workplace policies namely: Gender Recognition Act (2005), Equality Act (2010), Human Rights Act (1998b), and Data Protection Act (1998a). The challenge employers face, including the armed forces, is the need not only to ensure that their policies comply with this legislation, but also to provide transgender individuals with the support they require and are entitled to. The Human Rights Campaign, in its 'Transgender Inclusion in the Workplace: Recommended Policies and Practices (HRC, 2015), make some clear recommendations as to what should be included in policy. These include: gender identity should be a protected category; gender transition guidelines should be established; equal access to healthcare; and provision of education and compliance training.

The UK AF has a policy for the recruitment and management of transgender personnel (MOD, 2009). Research included within this paper suggests that organisational policies that exclude transgender personnel from the military may have impacted adversely on serving personnel who identify themselves as transgender (Dietert & Dentice, 2015; Yerke & Mitchell, 2013). The UK AF has been identified as one nation that has a progressive, inclusive policy towards transgender military personnel (Yerke & Mitchell, 2013). This paper will now consider how the UK AF is compliant with the above legislation and recommendations, the strengths of the policy and the direction in which it might develop over time.

UKAF policy

The key components of the UK AF policy are, firstly, that it clearly outlines the UK AF commitment to abide by UK government legislation, such as those outlined in the previous paragraphs. Thus the UK AF have not sought any form of exemption from legislation by making a special case for the military. This is in keeping with a general momentum towards greater equality within the UK AF, for example females serving at sea for the last 20 years and recently on board submarines for the first time in the submarine service's 110 year history (MOD, 2014b). The policy offers a robust defence of transgender personnel against any form of discrimination, which seems to be effective in practice (Dietert & Dentice, 2015). Indeed, the UK policy also recognises the individual's right to choose their gender and then to be treated according to that confirmed gender, for example using the ablutions and accommodation that is consistent with their gender choice.

Another component to the policy that appears recovery focussed and inclusive in nature is the use of medical grading. The UK AF medical services have the option of temporarily changing a person's medical category which has the effect of limiting their employability in combat roles. If this grading is too long in duration or becomes permanent, then it can ultimately lead to discharge from the forces. Thus grading transgender personnel in some form of permanently reduced medical category could have the potential to lead to exclusion based on gender. Instead the policy maintains its inclusive stance by stating that transgender personnel who meet the UK AF medical standards should be graded as fully fit for combat and other duties, but acknowledges that there may be a period of medical downgrading whilst undergoing surgery or when stabilising hormone replacement therapy. Of course, were such a downgrading to continue for an extended period of time due to clinical reasons and not just because an individual is transgender, then like any other service person they would face the potential of invaliding from the service.

The application of the military's policy for the recruitment and management of transgender personnel

Any policy introduced into an organisation must be implemented in practice. What follows are two different perspectives on the application of UK AF policy for the recruitment and management of transgender personnel (MOD, 2009). The first perspective reflects the experience of a senior human resources manager who leads on "Diversity and Inclusion" for the Royal Navy. The second perspective depicts the experience of a senior consultant psychiatrist who is the head of the Royal Navy mental health service. It should be noted that the following section represents their personal views, which it is hoped will offer further insight into the application of this policy within a military setting.

The human resource manager's perspective

Experience within the Royal Navy indicates that the implementation of an inclusive Transgender policy is dependent on strong leadership and coherent training. Core leadership training introduces all leaders to the concept of gender dysphoria, the Equality Act and Protected Characteristics. This is reinforced through targeted training given to Commanding Officers as part of their command training, and through regional diversity conferences, which have featured Transgender personnel sharing their experiences within the Service. Every ship, submarine, air squadron, Royal Marine unit and shore establishment has a network of Equality and Diversity Advisers who have received more extensive training in how to handle a range of diversity scenarios. Further advice and support is available to Transgender personnel, line managers and Commanding Officers from Compass, the Royal Navy's Sexual Orientation and Gender Identity network which always has a Transgender committee member and has the Second Sea Lord, one of the most senior Admirals, as its patron.

Transition is undertaken ashore in non-deploying units so that they can attend medical appointments and undertake the transition process in a relatively stable environment. A Medical Board of Survey will determine annually their medical category and, once given a category appropriate to deployed service, they will return to deployable units. The nature of ships, submarines and most Royal Navy units makes it inevitable that many personnel live in high density shared accommodation, sometimes with as many as thirty people living in a mess deck with bunks stacked three high either side of a narrow walkway. Physical privacy is in short supply, but Transgender Service Personnel will always be accommodated and treated in all respects according to their acquired gender, with dignity and respect. This is a management challenge and requires education of colleagues. The interest for and effectiveness of Service Transgender policies can be described in a number of ways:

1. The annual Armed Forces Continuous Attitude Survey gathers data on a range of subjects, including fairness at work, and shows improving trends against most of the criteria.
2. Transgender Service Personnel are encouraged to take part in the Stonewall Workplace Equality Index survey, which contributes to benchmarking results.
3. The Headquarters Diversity and Inclusion policy desk officers have a seat on the committee of the LGBT network and receive first-hand the feedback from Transgender members of the Service.
4. Indirect evidence of the success of Royal Navy policies can be seen in the fact that foreign navies have consulted with the Royal Navy on how to implement Transgender policies, and have invited both the Policy Team and Transgender personnel to visit their headquarters in order to brief senior officers on how to manage accommodation, ablutions and the working environment effectively in ships, submarines, and in deployed aircraft squadrons.
5. Other measures of success have been drawn from Transgender personnel delivering presentations at the annual Diversity and Inclusion conferences held in three locations around the country in 2015. The conferences were attended by equality advisors and members of ship, submarine and squadron command teams. Not only did all the Transgender speakers share overwhelmingly positive experiences of support from within the Royal Navy, but the audience received their message very positively and rated the presentations the highlight of the conferences.

The Royal Navy does not merely accommodate diversity; it celebrates it. A Transgender member of the Service was recently awarded a prestigious Naval Secretary Commendation for her work supporting other personnel undergoing transition and advising the line managers and Commanding Officers. The Service was ranked 10th in the Stonewall Workplace Equality Index in 2016, as well as featuring in the Top 10 public sector employers by Opportunity Now and Race for Opportunity, the gender and race equality charities. Perhaps the most publicly visible expression of its support for Transgender personnel comes from the Royal Navy's annual participation in London Pride, where it leads the 200 strong military component which includes Transgender personnel from all three Armed Forces, as well as lesbian, gay, bisexual and supportive heterosexual personnel, marching in full ceremonial uniform.

The clinician's perspective

The UK AF forces policy on the management of transgender personnel provides a solid framework for the management of gender confirmation in the UK AF. However, in practice much pragmatism and flexibility is required, as most units would not have encountered this situation before and are unsure of what is required of them. Having guided a number of service persons through the confirmation pathway, the author (RHC) have found that these obstacles are readily overcome and that there has never been an incident of a unit being reluctant to execute their duties or remiss in them. In fact, the experience has been positive for all his patients.

The UKAF offers extensive medical support to individuals seeking gender confirmation. Throughout they have full access to developed mental healthcare, including psychologists, social workers and psychiatrists. The UKAF fully fund and provide hormone replacement therapy and guide individuals through the NHS system to complete surgical confirmation. The process usually starts with a referral to a local Gender Clinic for specialist confirmation of the condition. Once this is done, the individual's social confirmation can begin, and this is carefully planned. It involves a meeting with their unit command, where all agree a date for the transition. In the interim there is much activity to change all records to reflect the person's new gender and chosen name. This also involves the issuing of new uniform consistent with the confirmed gender and a new identity card. From then on, the process is moved forward on the advice of the Gender Clinic and in consultation with them. This will dictate the timing for the initiation of hormone replacement therapy and eventual surgical confirmation. This patient journey usually lasts 2-3 years and is greatly influenced by the waiting times for NHS specialist services. In the Royal Navy the individual is afforded considerable occupational protection in order to ensure they are not drafted away from the specialist care they need to complete their gender confirmation. However, they are kept fully employed in a shore or harbour-based job in their speciality and in their confirmed gender. Once all medical interventions required are completed, the individual is returned to full deployable service in their confirmed gender.

CONCLUSION

The aim of the above discussion paper was to offer an insight into the application of an organisational policy for the recruitment and management of transgender military personnel within the UK AF. This paper represents collaboration between senior military personnel directly involved in implementing such a policy and nurse academics. This is important because, as such, it offers a unique perspective that has not previously been written about that may inform clinicians trying to help transgender personnel who are also members of the armed forces. The main points from the above paper were, firstly, there was limited research into experience of serving transgender personnel. The existing research indicated that non-inclusive organisational policies risk ostracising transgender personnel and leaving them vulnerable to harassment and discrimination within the workplace. Secondly, there was an observation that language is changing, with a shift towards more

inclusive medical terminology that seems to de-medicalise being transgender. Indeed, UK AF policy questions the need for a transgender military recruit to be seen by a psychiatrist unless there is a specific mental health issue. Thirdly, the paper highlighted that the Royal Navy values diversity within the workforce and has been independently assessed as effective in this area (e.g. 10th in the Stonewall Workplace Equality Index). Mechanisms for achieving this include ensuring that senior commanders are fully educated in how to support transgender personnel and a network of equality and diversity advisors. Finally, although the UK AF utilise NHS services for gender re-assignment, personnel are afforded considerable occupational protection during the two to three-year confirmation process, upon completion of which are then returned to active duty.

RELEVANCE TO CLINICAL PRACTICE

Unfortunately, the stigmatisation and exclusion of transgender people within society is not yet a historical fact but instead remains present day news. Recent news stories include a leading feminist stating that transgender women cannot fully understand what it is to be born a woman (BBC, 2015b). People are still being placed in prison institutions consistent with their gender of birth, but incongruent with their current gender (BBC, 2015a). This means that clinicians may still need to be vigilant to possible non-inclusive practice. On the whole, the armed forces seem to have moved beyond such discrimination and to have both developed and applied an inclusive organisational policy for transgender personnel that should be considered an example of good practice. As such, clinicians and managers can have some confidence in the organisational processes within the UK AF that dovetail management and medical components to the service in order to better support their transgender personnel. This means that when supporting a transgender military person, healthcare professionals, civilian organisations and military line managers should consider referring to UK AF policy as early as possible. Other military and uniformed services may wish to examine the UK AF exemplar in order to consider the applicability within their organisational setting.

WHAT DOES THIS PAPER CONTRIBUTE TO THE WIDER GLOBAL CLINICAL COMMUNITY?

- Provides an exemplar as to how healthcare and managerial departments can work together to meet the needs of transgender personnel within a military setting
- Highlights the role of the healthcare service as being important to protect transgender personnel when necessary, but ultimately to promote recovery through an inclusive approach to applying a policy that ultimately supports transgender personnel in having the opportunity to serve their country without fear of discrimination.

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